



FORMAL APPEAL INSTRUCTIONS

The Formal Appeal is the final step in the three step appeal process. If your request for Administrative Review is denied, you may file a Formal Appeal, which must be postmarked within 60 days following the date of Administrative Review decision. To file a Formal Appeal, you must complete all applicable sections on this form and attach a copy of the decision of the Administrative Review. If the formal appeal is submitted before the Administrative Review is completed, the formal appeal will be returned to you.

Generally, a decision by the Formal Appeal committee will be issued within ninety (90) days following receipt; however, the number of days may be extended by notice from the Department of Community Health. The written notice of the decision by the Committee is the final step in the administrative proceedings and will exhaust all administrative remedies.

Mail the completed and signed form along with any additional information to:

State Health Benefit Plan
P. O. Box 1990
Atlanta, GA 30301-1990



State Health Benefit Plan
P.O. Box 1990
Atlanta, GA 30301-1990

FORMAL APPEAL REVIEW FORM

EMPLOYEE/PATIENT INFORMATION

Member/Employee Name: _____ Member ID#: _____
Patient Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () _____ - _____ Work Phone: () _____ - _____

DESCRIPTION/COMMENTS

Describe the reason for your request (attach additional sheets, if needed). Attach any supporting documentation related to the review. _____

AUTHORIZATION: I hereby authorize the release of any necessary information for the purpose of evaluating this Formal Appeal Review. I understand that the SHBP may contact other entities on my behalf, and I authorize the SHBP to release such information for the purpose of resolving my Formal Appeal Review. The Health Insurance Portability and Accountability Act (HIPAA) require that the patient authorize this release unless the patient is under the age of 18.

Member/Patient Signature: _____ Date: _____

DCH USE ONLY

Formal Appeal Review #: _____ Date Received: _____

Date of Committee Review: _____ Date Completed/ Notified: _____

| File Location | | | |
|------------------|---------------|----------------|----------------|
| Person Reviewing | Date Received | Date Completed | Passed File To |
| | | | |
| | | | |
| | | | |
| | | | |